

INTAKE INFORMATION – GROUP FOSTER HOME RESIDENT

Use of form: Use of this form is voluntary; however, completion of this form for placement in the resident record will provide base information in accordance with HFS 57.38(1) of the Wisconsin Administrative Code. Personally identifiable information gathered on this form will be used only to determine compliance with licensing regulations. For a complete listing of resident record requirements, see the CFS-379, Child Record Checklist – Group Foster Homes. If additional space is needed when completing this form, attach separate sheet(s).

Instructions: If the facility is a family-operated group home, a CFS-872A, Information for Foster Parents Face Sheet and a CFS-872B, Information for Foster Parents Checklist must also be completed.

I. RESIDENT INFORMATION

Name – Last		Name – First		Alias (Nickname)	
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Placement (mm/dd/yyyy)		Check all that apply: <input type="checkbox"/> Voluntary placement <input type="checkbox"/> Custodial parent <input type="checkbox"/> Respite care	
Religious Preference (Child or Family)				<input type="checkbox"/> Court-ordered placement <input type="checkbox"/> Expectant mother <input type="checkbox"/> Homeless / runaway youth	

II. PLACING AGENCY / PARENT / GUARDIAN / LEGAL CUSTODIAN RESPONSIBLE FOR RESIDENT

Name		Relationship to Child <input type="checkbox"/> Placing agency <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Legal custodian	
Physical Address		Mailing Address, if different	
Telephone Number – Home		Telephone Number – Work	
		Telephone Number – Cell	

III. EMERGENCY CONTACTS

A.	Name – Agency to be contacted in an emergency	Name – Contact Person	Relationship to Child
	Address (Street, City, State, Zip Code)		Telephone Number
B.	Name – Person to be contacted in an emergency		Relationship to Child
	Address (Street, City, State, Zip Code)		Telephone Number
C.	Name – Physician to be contacted in an emergency		Telephone Number
	Address (Street, City, State, Zip Code)		

IV. HEALTH INFORMATION

A.	Name – Physician to be contacted in an emergency	Telephone Number
	Address (Street, City, State, Zip Code)	

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Children and Family Services

CFS-2382A (09/2005)

STATE OF WISCONSIN

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B. Name – **Dentist** to be contacted in an emergency

Telephone Number

Address (Street, City, State, Zip Code)

C. Allergies (including allergies to food or medication) – Specify.

D. Physical Limitations – Specify.

E. Medications and Treatments – Specify.

F. Illnesses and Accidents – Specify.

V. SCHOOL INFORMATION

Name

Current Grade

Telephone Number

VI. INVENTORY OF RESIDENT CLOTHING AND POSSESSIONS AT PLACEMENT

Name – Person Completing Form

Position

Date Completed (mm/dd/yyyy)